

CHECKLIST FOR APPROVAL LONG TERM AGREEMENT FOR FOSTER PARENTS OR RELATIVE CAREGIVERS

CHILD'S NAME		DATE OF BIRTH
NAME OF CAREGIVER(S) ENTERING AGREEMENT		NAME OF SOCIAL WORKER
<input type="checkbox"/> This case has been reviewed in a shared planning meeting with the required participants, including the child (when appropriate according to the child's age and development capacity), and the caregivers (foster or relative). Input from child, was considered at the shared planning meeting. (Please attach completed Shared Planning Meeting form, DSHS 14-474, with the sign-in sheet)		
Were return home, adoption, third party custody, and guardianship ruled out? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please discuss and list compelling reasons why return home, adoption, third party custody and guardianship for the child are not the proposed permanent plan.		
Please explain why a long term care agreement should be the permanent plan for the child.		
<input type="checkbox"/> DCFS social worker has complied with all Indian Child Welfare requirements with respect to the child.		
<input type="checkbox"/> A thorough and ongoing relative search was conducted and documented.		
<input type="checkbox"/> Placement with siblings has been considered.		
<input type="checkbox"/> Caregiver(s) is (are) aware the child remains in the care and custody of the Department of Social and Health Services and that court review continues.		
<input type="checkbox"/> Caregiver(s) is (are) informed and prepared to manage any court ordered visits with birth family members.		
<input type="checkbox"/> DCFS has provided disclosure of information about the child to the caregiver, in order to properly care for the child. (Court reports, child's medical and educational needs, evaluations, etc.)		
<input type="checkbox"/> Caregiver has a completed home study through foster care licensing process or relative home study process.		
COMMENTS:		
I approve the Long Term Care Agreement for this child. <input type="checkbox"/> Yes <input type="checkbox"/> No		
REGIONAL ADMINISTRATOR (OR DESIGNEE) SIGNATURE		DATE